

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Poc #1 rcvd 6/7/12

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2012
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

WEST HILLS HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

6801 MIDDLEBROOK PIKE
KNOXVILLE, TN 37919

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>Amended Statement of Deficiencies</p> <p>Investigation of Complaint (C/O) numbers: TN29763, TN29218, TN28817, TN29040, and TN28711, was conducted May 14-18, 2012. No deficiencies were cited for C/O #29218, #28817, #29040, and #28711. Based on survey findings the facility was cited an Immediate Jeopardy (a situation in which the provider's noncompliance with one or more requirements of participation, has caused or is likely to cause, serious harm, injury, impairment or death) for failing to provide emergency resuscitation when one resident (#1) with advanced directives to resuscitate, was found without respirations.</p> <p>A partial extended survey was completed on May 18, 2012</p> <p>The Administrator, the Corporate Nurse, and the Director of Nursing were informed of the Immediate Jeopardy in the Administrator's office, on May 18, 2012, at 11:00 a.m.</p> <p>The Immediate Jeopardy was effective from May 9, 2012, through May 16, 2012. Substandard Quality of Care was cited under F309-J. An Acceptable Allegation of Compliance was received and corrective actions were validated on-site by the surveyor on May 18, 2012.</p> <p>Non-compliance of the Immediate Jeopardy tags continues at a scope and severity of at a "D" level for monitoring of corrective actions.</p> <p>The facility is required to submit a plan of</p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2012
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	Continued From page 1 correction for all tags.	F 000			
F 155 SS=J	<p>483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES</p> <p>The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interviews, the facility failed to follow advance directives to provide emergency resuscitation for one resident (#1) of twenty residents reviewed.</p> <p>The facility's failure resulted in Cardio-Pulmonary Resuscitation (CPR) not being initiated for at least five minutes after the resident was found without respirations, CPR being unsuccessful, and the resident was pronounced (officially diagnosed and declared) dead at 8:05 p.m. on May 9, 2012. The facility's failure resulted in an Immediate Jeopardy.</p> <p>The Administrator, the Corporate Nurse, and the Director of Nursing were informed of the Immediate Jeopardy in the Administrator's office, on May 18, 2012, at 11:00 a.m.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #1 was initially admitted to the facility on July 16, 2005.</p>	F 155			6/6/12
			1. Resident #1 no longer resides at the facility as of 5/9/12.		

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2012
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

WEST HILLS HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

**6801 MIDDLEBROOK PIKE
KNOXVILLE, TN 37919**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 155	<p>Continued From page 2</p> <p>Review of a history and physical dated May 8, 2012 revealed the resident had diagnoses of Hypertension, Lumbago, Atherosclerotic Cardiovascular Disease, Neuralgia, Depression, Failure to Thrive, Delusions, Vascular Heart Disease, Panniculitis, Osteoporosis, Anxiety, Fractured Hip, Pneumonia, and Urinary Tract Infection. Further review of this history and physical revealed Resident #1 was a "full code" (has advance directives for resuscitation measures, if found without breath or pulse, which may include providing respirations, chest compressions, electrical shock, and medications).</p> <p>Review of Departmental Notes (computerized multi-disciplinary notes), dated May 3, 2012, revealed the resident fell out of the bed, at approximately 11:50 p.m., and was transferred to the hospital. Further record review revealed the resident was readmitted to the facility on May 7, 2012, following hospitalization for surgical repair of a left hip fracture.</p> <p>Review of the resident's Re-Admission Orders, dated May 7, 2012, revealed "Code Status: Full". Review of Physician's Orders for May 7 to May 31, 2012, revealed Code Status was "Full Code". Review of the resident's Care Plan, dated December 28, 2011, revealed, "Advance Directive...Full Code...Resuscitate".</p> <p>Review of facility Departmental Notes dated May 9, 2012, at 7:35 p.m. revealed, "...resident did not have signs of respirations or was a pulse palpated..." Further review of the Departmental Notes revealed, "7:40 p.m. Code was called and CPR was initiated...7:50 p.m. EMS (Emergency</p>	F 155	<p>The three Licensed Nurses involved were inserviced on 5/9/12 by the Director of Nursing on the "Code Arrest" policy and procedure.</p> <p>2. The Director of Nursing completed a 100% audit of Code Arrests for the previous 3 months and no residents were identified as having been affected.</p> <p>A 100% audit of the resident's POST form and physician's order was completed to verify accuracy on 5/11/12 by Medical Records Supervisor.</p> <p>One hundred percent of resident's Plan of Care were audited for accuracy and completion of code status by Nursing Supervisor and Medical Records Director on 5/11/12.</p>	

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2012
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

WEST HILLS HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

**6801 MIDDLEBROOK PIKE
KNOXVILLE, TN 37919**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

F 155 Continued From page 3
Medical Services) arrived...8:05 p.m. EMS called (discontinued resuscitation efforts) the code, and resident was pronounced at the facility."

Review of undated policy titled, "Code Arrest - Procedure and Protocol", revealed, "General Guidelines...First person on the scene will begin CPR and call for help. Continue until otherwise directed by physician or relieved."

Interview with Certified Nursing Assistant (CNA) #1, on May 14, 2012, at 1:40 p.m., in the Director of Nurses (DON) office, revealed CNA #1 walked by the first floor dining room at approximately 7:30 p.m. and observed Resident #1 sitting alone in a geri chair. Further interview revealed CNA #1 observed Resident #1's "color looked bad" and the resident was unresponsive when spoken to. CNA #1 stated...went to get a nurse and found Licensed Practical Nurse (LPN) #2 passing medication in the hallway. CNA #1 stated LPN #2 went to the resident, and sent CNA #1 to find another nurse (LPN #1). CNA #1 stated she was unable to find LPN #1, and returned to the dining room where LPN #2 was with the resident. CNA #1 stated the resident was still in the geri chair and no resuscitation was started. CNA #1 stated LPN #2 told...to take the resident to the resident's room. CNA #1 stated...took the resident to...room on the 200 hall, while LPN #2 went to find LPN #1. CNA #1 stated...did not know if the resident was breathing or not, but stated, "it was the first time I found someone like that...I covered...face up with a blanket..." CNA #1 stated the resident still remained in the geri chair and no resuscitation was started. CNA #1 stated she went out into the hall when LPN #1 and LPN #2 arrived. CNA #1 stated...waited in the hall for

F 155 All resident's code status were verified on 5/11/12 by the Medical Records Supervisor.

3. The Staff Development Coordinator and Assistant Director of Nursing inserviced 100% of Licensed Nurses on the facility policy and procedure for "Code Arrest" 5/9/12-5/16/12.

Inservicing on the facility policy and procedure for "Code Arrest" was completed for Certified Nursing Assistant's, dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records, human resources by Director of Nursing and Staff Development Coordinator 5/9/12-5/23/12.

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2012
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

WEST HILLS HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

**6801 MIDDLEBROOK PIKE
KNOXVILLE, TN 37919**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 155	<p>Continued From page 4</p> <p>approximately 5 minutes (does not know exact time) when one of the nurses (does not remember which) came out of the resident's room and went to find Registered Nurse (RN) #1. CNA #1 stated the LPN returned with RN #1, there was no crash cart or resuscitation equipment taken into the room. CNA #1 stated ...then returned to the second floor and then clocked out at 7:42 p.m.</p> <p>Interview with RN #1, on May 14, 2012, at 2:07 p.m., in the DON's office revealed RN #1 was working in the treatment nurse's office on the evening of May 9, 2012. RN#1 stated LPN #2 came to office at approximately 7:30 p.m. (does not know exact time). RN#1 stated LPN #2, "told me that I needed to pronounce (Resident #1)...was not breathing". RN #1 stated...went to the resident's room and found the resident in a geri-chair with LPN #1 in the room. RN #1 stated there were no efforts being made to resuscitate the resident. RN #1 stated the resident did not have any respirations or pulse, and the resident's pupils were fixed (unmoving and un-reactive to light). RN #1 stated, "I was under the assumption she was a DNR (advance directive to not attempt resuscitation)". RN #1 stated...went to the nurse's station and called the resident's family, does not know the time this occurred. RN #1 stated told the son the resident had expired. RN #1 stated LPN #1 interrupted the phone conversation, and RN #1 handed the telephone to LPN #1, and looked at the resident's medical record with LPN #2. RN #1 stated the medical record stated the resident was a full code. RN #1 stated the DON was called, and staff took the crash cart (wheeled cart with resuscitation equipment) to the resident's room, and began</p>	F 155	<p>Any staff that have not been inserviced due to vacation or Family Medical Leave Act will be inserviced prior to returning to work.</p> <p>Licensed Nurses, Certified Nursing Assistants, dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records and human resources, will complete CPR certification. Licensed Nurses and Certified Nursing Assistants will complete their BLS certification. Dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records and human resources will complete Heart Saver CPR, AED certification.</p> <p>Any staff that does not have</p>	

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2012
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 155	<p>Continued From page 5</p> <p>Cardio-Pulmonary Resuscitation (CPR). RN #1 stated residents that are full code status are to have CPR immediately when found in Cardio-Pulmonary arrest (no pulse or respirations). RN #1 stated CPR was continued by EMS until the resident was pronounced dead by EMS (time unknown by RN #1).</p> <p>Interview with LPN #2, on May 15, 2012, at 11:25 a.m., in the DON's office revealed LPN #2 was working on the first floor on May 9, 2012. LPN #2 stated...was at the end of 400 hall when CNA #1 called Resident #1's name. LPN #2 stated...recognized something was wrong by the sound of CNA #1's voice. LPN #2 stated...did not know what time this occurred. LPN #2 stated "I secured my medicine cart and started walking that way". LPN #2 stated CNA #1 called out that LPN #2 needed to "come in here". LPN #2 stated the resident was sitting in geri-chair in dining room. LPN #2 stated, "...was not breathing. I thought...had passed away...eyes were fixed...skin was cool to touch..." LPN #2 stated...told CNA #1 to take the resident to...room and remove the room-mate. LPN #2 stated...went to find LPN #1, who was on the 300 hall. LPN #2 stated, "I told...was not looking good". LPN #2 stated they assessed Resident #1 in the resident's room and found no breath or pulse. LPN #2 stated no resuscitation efforts were made. LPN #2 stated...left LPN #1 with the resident and went to find RN #1. LPN #2 stated...notified RN #1 and they headed back to the resident's room. LPN #2 stated "I found out...was a full code...(from LPN #1 at the nurse's station)...and RN #1 took the crash cart to the resident's room and began CPR and attached the Automatic External Defibrillator (AED, a device</p>	F 155	<p>current CPR certification will be trained by certified CPR instructors, Charles Perry, Shannon Mentgen and Kyla Ledford 6/2/12-6/6/12. All CPR certifications will be kept by the Staff Development Coordinator in her office. Any staff that have not obtained a CPR certification due to vacation or Family Medical Leave Act will do so prior to returning to work.</p> <p>All Licensed Nursing staff and Certified Nursing Assistants will be required to have current BLS certification upon completion of their orientation. Training will be completed by the Staff Development Coordinator or a Certified CPR instructor.</p>	

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2012
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

WEST HILLS HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

**6801 MIDDLEBROOK PIKE
KNOXVILLE, TN 37919**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 155	<p>Continued From page 6 that delivers a stimulating shock to the patient's heart)."</p> <p>Interview with LPN #1, on May 15, 2012, at 12:49 p.m., in the DON's office revealed LPN #1 was the nurse assigned to Resident #1 on May 9, 2012. LPN #1 stated...was passing medications on the 300 hall, at approximately 7:35 p.m. (does not know exact time), when LPN #2 stated, "come check...something is wrong...". LPN #1 stated they went to the resident's room, where the resident was in a geri-chair. LPN #1 stated, "...color was grey, not good ...did not appear that...was breathing..." LPN #1 also stated, "my assessment was that...had no pulse or respirations...had expired". LPN #1 stated LPN #2 went to get RN #1 to "assess" the resident. LPN #1 stated, "I thought...was a DNR". LPN #1 stated...went to check the chart, at the nurse's station, and found the resident was a "full code". LPN #1 stated RN#1 and LPN #2 had just arrived at the nurses station, and...told RN #1 that the resident was a full code. LPN #1 stated RN #1 and LPN #2 took the crash cart to the resident's room to begin CPR. LPN #1 stated...stayed at the nurse's station.</p> <p>Interview with the DON, on May 16, 2012, at 5:00 p.m., in the DON's office, confirmed residents with advance directives for a full code, are to have CPR initiated immediately when found without breath or pulse.</p> <p>In summary, the facility failed to immediately provide CPR for Resident #1, when the resident was found without breath or pulse on May 9, 2012. The facility failed to honor the resident's</p>	F 155	<p>Dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records and human resources will be required to complete a Heart Saver CPR, AED certification within their first 90 days of employment. Training will be completed by the Staff Development Coordinator or a Certified CPR instructor.</p> <p>All POST forms were placed in plastic sleeves and located at the front of the resident's chart by Medical Records Supervisor on 5/11/12.</p> <p>One hundred percent of Licensed Nurses were inserviced by the Staff Development Coordinator on the POST form location in the front of the chart in a protective plastic sleeve from 5/9/12-5/16/12.</p>	

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2012
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 155	<p>Continued From page 7</p> <p>advance directive for a full code, and CPR was not initiated for at least five minutes. The CPR was unsuccessful and the resident expired at 8:05 p.m., on May 9, 2012.</p> <p>The Immediate Jeopardy was effective from May 9, 2012 to May 16, 2012. An Acceptable Allegation of Compliance, which removed the immediacy of the jeopardy, was received and corrective actions were validated by the surveyor through review of documents, staff interviews, and observations conducted onsite on May 18, 2012. The surveyor verified the allegation of compliance by:</p> <ol style="list-style-type: none"> 1. Reviewing the Inservices on resuscitation policy and procedures titled "Code Arrest" provided to staff from May 9 to May 16, 2012. 2. Verified that 100% of the current medical records had been audited and reorganized to place the advance directives document (POST form) immediately inside the front cover of the record. 3. Conducted interviews with all nurses present in the facility to verify 100% had been inserviced and were oriented to the Code Arrest policy and procedure. All nurses knew where to find the resident's advance directives. 4. Interviewed the DON and the Staff Development Coordinator to verify the content of the Inservices and that 100% of staff had been inserviced on the Code Arrest policy and procedure. 5. Interviewed 100% of Certified Nursing 	F 155	<p>Licensed Nurses, Certified Nursing Assistants, Dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records and human resources were inserviced 6/1/12-6/6/12 by the Staff Development Coordinator and Assistant Director of Nursing. All resident's POST forms, that classify the resident's Code status, will be placed in a plastic sleeve in the resident's Medication Administration Record and in the very front of the resident's chart by Medical Records. POST forms will be audited by Medical Records within 24 hours of admission or the next business day, with any physician's order changes and during quarterly chart audits. Any staff that</p>		

JUN 07 2012

have not been inserviced
due to vacation or Family
Medical Leave Act will be
inserviced prior to returning
to work.

Mock "Code Arrest" drills will
be completed by the Director
of Nursing, Assistant Director
of Nursing or Staff
Development Coordinator
on each shift monthly for
the next three months
and/or until 100% compliant.
Results will be audited by
the Director of Nursing and
Staff Development
Coordinator for compliance.

Licensed Nurses, Certified
Nursing Assistants, Dietary,
housekeeping, maintenance,
activities, social services,
therapists, business office,
Administrator, admissions,
medical records and human
resources will be inserviced on
6/4/12-6/6/12 by Lucinda R.
Troyer, J.D., B.A.. on
Compassionate and Person
Centered Training Honoring
Residents Life Choices and
Advance Directives. Any
staff unavailable due to
Family Medical Leave Act
or vacation will be
inserviced via audio
recording of Ms. Troyer's
inservice prior to returning
to work.

JUN 07 2012

4. All POST forms & physician's orders will be audited for accuracy and completion upon admission by the Medical Records Supervisor and placed in the front of the chart in a plastic sleeve for 3 months and/or until 100% compliant.

Each resident's POST form will be audited at least quarterly per their Plan of Care schedule by the Social Worker for 3 months and/or until 100% compliant.

Audits will be conducted on each "Code Arrest" for compliance with the "Code Arrest" policy and procedure by the Director of Nursing or Assistant Director of Nursing for 3 months and/or until 100% compliant.

Audits will be completed on all new admissions and new physician's orders by the Director of Nursing or Nursing Supervisor for 3 months and/or until 100% compliant beginning 5/11/12.

All staff will be trained on our "Code Arrest" policy and procedure during their orientation, as needed and at least annually by the Director of Nursing or Staff Development Coordinator.

JUN 07 2012

The Director of Nursing or Assistant Director of Nursing will audit the code status to include the Plan of Care with every new admission, quarterly and with any change in physician's orders for 3 months and/or until 100% compliant.

Any identified issues or concerns will be reported to the Director of Nursing or Assistant Director of Nursing immediately for review. Results of all audits will be reported to the Quality Assurance Performance Improvement Committee for 3 months and/or until 100% compliance. The Quality Assurance Performance Improvement Committee is comprised of the Medical Director, Administrator, Director of Nursing, Medical Records Coordinator, Minimum Data Set Coordinator, Social Services, Activities, Dietary Manager, Environmental Services Supervisor, Maintenance Director, Business Office Manager, Admissions Director and Human Resources.

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2012
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 155	Continued From page 8 Assistants (CNA) working and verified all had been inserviced and knew how to respond to a resident found without breath or pulse. 6. Interviewed the Medical Records Supervisor and confirmed 100% of records had been audited and the advance directives/POST form was correct and on the front of the record. Also confirmed the Medical Records Supervisor will continue to audit the records for three months to confirm compliance. 7. Interview with the Social Worker verified each resident's advance directives will be audited at least quarterly to ensure the document is accurate. Non-compliance continues at a "D" level for monitoring of corrective actions. The facility is required to submit a plan of correction.	F 155			
F 309 SS=J	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interviews, the facility failed to immediately provide Cardio-Pulmonary Resuscitation (CPR) in accordance with the plan	F 309			6/6/12

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2012
---	--	--	--

NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

F 309	<p>Continued From page 9</p> <p>of care, for one resident (#1) of twenty residents reviewed.</p> <p>The facility's failure resulted in CPR not being initiated for at least five minutes after the resident was found without respirations, CPR was unsuccessful, and the resident was pronounced (officially diagnosed and declared) dead at 8:05 p.m. on May 9, 2012. The facility's failure resulted in an Immediate Jeopardy.</p> <p>The Administrator, the Corporate Nurse, and the Director of Nursing were informed of the Immediate Jeopardy in the Administrator's office, on May 18, 2012, at 11:00 a.m.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #1 was initially admitted to the facility on July 16, 2005. Review of a history and physical dated May 8, 2012 revealed the resident had diagnoses of Hypertension, Lumbago, Atherosclerotic Cardiovascular Disease, Neuralgia, Depression, Failure to Thrive, Delusions, Vascular Heart Disease, Panniculitis, Osteoporosis, Anxiety, Fractured Hip, Pneumonia, and Urinary Tract Infection. Further review of this history and physical revealed Resident #1 was a "full code" (has advance directives for resuscitation measures, if found without breath or pulse, which may include providing respirations, chest compressions, electrical shock, and medications).</p> <p>Review of Departmental Notes, dated May 3, 2012, revealed the resident fell out of the bed, at approximately 11:50 p.m., and was transferred to</p>	F 309	<ol style="list-style-type: none"> 1. Resident #1 no longer resides at the facility as of 5/9/12. <p>The three Licensed Nurses involved were inserviced on 5/9/12 by the Director of Nursing on the "Code Arrest" policy and procedure.</p> <ol style="list-style-type: none"> 2. The Director of Nursing completed a 100% audit of Code Arrests for the previous 3 months and no residents were identified as having been affected. <p>A 100% audit of the resident's POST form and physician's order was completed to verify accuracy on 5/11/12 by Medical Records Supervisor.</p> <p>One hundred percent of resident's Plan of Care were audited for accuracy and completion of code status by Nursing Supervisor and Medical Records Director on 5/11/12.</p>	
-------	---	-------	--	--

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2012
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309	<p>Continued From page 10</p> <p>the hospital. Further record review revealed the resident was readmitted to the facility on May 7, 2012, following hospitalization for surgical repair of a left hip fracture.</p> <p>Review of the resident's Re-Admission Orders, dated May 7, 2012, revealed "Code Status: Full". Review of Physician's Orders for May 7 to May 31, 2012, revealed Code Status was "Full Code". Review of the resident's Care Plan, dated December 28, 2011, revealed, "Advance Directive...Full Code...Resuscitate".</p> <p>Review of facility Departmental Notes dated May 9, 2012, at 7:35 p.m. revealed, "...resident did not have signs of respirations or was a pulse palpated..." Further review of the Departmental Notes revealed, "7:40 p.m. Code was called and CPR was initiated...7:50 p.m. EMS (Emergency Medical Services) arrived...8:05 p.m. EMS called (discontinued resuscitation efforts) the code, and resident was pronounced at the facility."</p> <p>Review of undated policy titled, "Code Arrest - Procedure and Protocol", revealed, "General Guidelines...First person on the scene will begin CPR and call for help. Continue until otherwise directed by physician or relieved."</p> <p>Interview with Certified Nursing Assistant (CNA) #1, on May 14, 2012, at 1:40 p.m., in the Director of Nurses (DON) office, revealed CNA #1 walked by the first floor dining room at approximately 7 30 p.m. and observed Resident #1 sitting alone in a geri chair. Further interview revealed CNA #1 observed Resident #1's "color looked bad" and the resident was unresponsive when spoken to. CNA #1 stated ...went to get a nurse and found</p>	F 309	<p>All resident's code status were verified on 5/11/12 by the Medical Records Supervisor.</p> <p>3. The Staff Development Coordinator and Assistant Director of Nursing inserviced 100% of Licensed Nurses on the facility policy and procedure for "Code Arrest" 5/9/12-5/16/12.</p> <p>Inservicing on the facility policy and procedure for "Code Arrest" was completed for Certified Nursing Assistant's, dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records, human resources by Director of Nursing and Staff Development Coordinator 5/9/12-5/23/12.</p>		

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2012
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

WEST HILLS HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

**6801 MIDDLEBROOK PIKE
KNOXVILLE, TN 37919**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	<p>Continued From page 11</p> <p>Licensed Practical Nurse (LPN) #2 passing medication in the hallway. CNA #1 stated LPN #2 went to the resident, and sent CNA #1 to find another nurse (LPN #1). CNA #1 stated she was unable to find LPN #1, and returned to the dining room where LPN #2 was with the resident. CNA #1 stated the resident was still in the geri chair and no resuscitation was started. CNA #1 stated LPN #2 told...to take the resident to the resident's room. CNA #1 stated...took the resident to...room on the 200 hall, while LPN #2 went to find LPN #1. CNA #1 stated...did not know if the resident was breathing or not, but stated, "it was the first time I found someone like that...I covered...face up with a blanket..." CNA #1 stated the resident still remained in the geri chair and no resuscitation was started. CNA #1 stated she went out into the hall when LPN #1 and LPN #2 arrived. CNA #1 stated...waited in the hall for approximately 5 minutes (does not know exact time) when one of the nurses (does not remember which) came out of the resident's room and went to find Registered Nurse (RN) #1. CNA #1 stated the LPN returned with RN #1, there was no crash cart or resuscitation equipment taken into the room. CNA #1 stated...then returned to the second floor and then clocked out at 7:42 p.m.</p> <p>Interview with RN #1, on May 14, 2012, at 2:07 p.m., in the DON's office revealed RN #1 was working in the treatment nurse's office on the evening of May 9, 2012. RN#1 stated LPN #2 came to office at approximately 7:30 p.m. (does not know exact time). RN#1 stated LPN #2, "told me that I needed to pronounce (Resident #1)...was not breathing". RN #1 stated...went to the resident's room and found the resident in a</p>	F 309	<p>Any staff that have not been inserviced due to vacation or Family Medical Leave Act will be inserviced prior to returning to work.</p> <p>Licensed Nurses, Certified Nursing Assistants, dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records and human resources, will complete CPR certification. Licensed Nurses and Certified Nursing Assistants will complete their BLS certification. Dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records and human resources will complete Heart Saver CPR, AED certification. Any staff that does not have current CPR certification will be trained by certified CPR instructors, Charles Perry, Shannon Mentgen and Kyla</p>	

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2012
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309	Continued From page 12 geri-chair with LPN #1 in the room. RN #1 stated there were no efforts being made to resuscitate the resident. RN #1 stated the resident did not have any respirations or pulse, and the resident's pupils were fixed (unmoving and un-reactive to light). RN #1 stated, "I was under the assumption she was a DNR (advance directive to not attempt resuscitation)". RN #1 stated...went to the nurse's station and called the resident's family, does not know the time this occurred. RN #1 stated...told the son the resident had expired. RN #1 stated LPN #1 interrupted the phone conversation, and RN #1 handed the telephone to LPN #1, and looked at the resident's medical record with LPN #2. RN #1 stated the medical record stated the resident was a full code. RN #1 stated the DON was called, and staff took the crash cart (wheeled cart with resuscitation equipment) to the resident's room, and began Cardio-Pulmonary Resuscitation (CPR). RN #1 stated residents that are full code status are to have CPR immediately when found in Cardio-Pulmonary arrest (no pulse or respirations). RN #1 stated CPR was continued by EMS until the resident was pronounced dead by EMS (time unknown by RN #1) Interview with LPN #2, on May 15, 2012, at 11:25 a.m., in the DON's office revealed LPN #2 was working on the first floor on May 9, 2012. LPN #2 stated...was at the end of 400 hall when CNA #1 called Resident #1's name. LPN #2 stated...recognized something was wrong by the sound of CNA #1's voice. LPN #2 stated...did not know what time this occurred. LPN #2 stated "I secured my medicine cart and started walking that way". LPN #2 stated CNA #1 called out that LPN #2 needed to "come in here". LPN #2 stated	F 309	Ledford 6/2/12-6/6/12. All CPR certifications will be kept by the Staff Development Coordinator in her office. Any staff that have not obtained a CPR certification due to vacation or Family Medical Leave Act will do so prior to returning to work. All Licensed Nursing staff and Certified Nursing Assistants will be required to have current BLS certification upon completion of their orientation. Training will be completed by the Staff Development Coordinator or a Certified CPR instructor. Dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records and human resources will be required to complete a Heart Saver CPR, AED		

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2012
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309	<p>Continued From page 13</p> <p>the resident was sitting in geri-chair in dining room. LPN #2 stated, "...was not breathing. I thought...had passed away...eyes were fixed...skin was cool to touch..." LPN #2 stated...told CNA #1 to take the resident to ...room and remove the room-mate. LPN #2 stated...went to find LPN #1, who was on the 300 hall. LPN #2 stated, "I told...was not looking good". LPN #2 stated they assessed Resident #1 in the resident's room and found no breath or pulse. LPN #2 stated no resuscitation efforts were made. LPN #2 stated...left LPN #1 with the resident and went to find RN #1. LPN #2 stated...notified RN #1 and they headed back to the resident's room. LPN #2 stated "I found out...was a full code...(from LPN #1 at the nurse's station)...and RN #1 took the crash cart to the resident's room and began CPR and attached the Automatic External Defibrillator (AED, a device that delivers a stimulating shock to the patient's heart)."</p> <p>Interview with LPN #1, on May 15, 2012, at 12:49 p.m., in the DON's office revealed LPN #1 was the nurse assigned to Resident #1 on May 9, 2012. LPN #1 stated...was passing medications on the 300 hall, at approximately 7:35 p.m. (does not know exact time), when LPN #2 stated, "come check...something is wrong...". LPN #1 stated they went to the resident's room, where the resident was in a geri-chair. LPN #1 stated, "...color was grey, not good ...did not appear that...was breathing..." LPN #1 also stated, "my assessment was that...had no pulse or respirations...had expired". LPN #1 stated LPN #2 went to get RN #1 to "assess" the resident. LPN #1 stated, "I thought...was a DNR". LPN #1</p>	F 309	<p>certification within their first 90 days of employment. Training will be completed by the Staff Development Coordinator or a Certified CPR instructor.</p> <p>All POST forms were placed in plastic sleeves and located at the front of the resident's chart by Medical Records Supervisor on 5/11/12.</p> <p>One hundred percent of Licensed Nurses were inserviced by the Staff Development Coordinator on the POST form location in the front of the chart in a protective plastic sleeve from 5/9/12-5/16/12.</p> <p>Licensed Nurses, Certified Nursing Assistants, Dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records and human</p>		

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2012
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309	<p>Continued From page 14</p> <p>stated...went to check the chart, at the nurse's station, and found the resident was a "full code". LPN #1 stated RN#1 and LPN #2 had just arrived at the nurses station, and...told RN #1 that the resident was a full code. LPN #1 stated RN #1 and LPN #2 took the crash cart to the resident's room to begin CPR. LPN #1 stated...stayed at the nurse's station.</p> <p>Interview with the DON, on May 16, 2012, at 5:00 p.m., in the DON's office, confirmed residents with advance directives for a full code, are to have CPR initiated immediately when found without breath or pulse.</p> <p>In summary, the facility failed to immediately provide CPR for Resident #1, when the resident was found without breath or pulse on May 9, 2012. The facility failed to honor the resident advance directive for a full code, and CPR was not initiated for at least five minutes. The CPR was unsuccessful and the resident expired at 8:05 p.m., on May 9, 2012.</p> <p>The Immediate Jeopardy was effective from May 9, 2012 to May 16, 2012. An Acceptable Allegation of Compliance, which removed the immediacy of the jeopardy, was received and corrective actions were validated by the surveyor through review of documents, staff interviews, and observations conducted onsite on May 18, 2012. The surveyor verified the allegation of compliance by</p> <p>1. Reviewing the Inservices on resuscitation policy and procedures titled "Code Arrest" provided to staff from May 9 to May 16, 2012.</p>	F 309	<p>resources were inserviced 6/1/12-6/6/12 by the Staff Development Coordinator and Assistant Director of Nursing. All resident's POST forms, that classify the resident's Code status, will be placed in a plastic sleeve in the resident's Medication Administration Record and in the very front of the resident's chart by Medical Records. POST forms will be audited by Medical Records within 24 hours of admission or the next business day, with any physician's order changes and during quarterly chart audits. Any staff that have not been inserviced due to vacation or Family Medical Leave Act will be inserviced prior to returning to work.</p> <p>Mock "Code Arrest" drills will be completed by the Director of Nursing, Assistant Director of Nursing or Staff</p>		

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2012
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

WEST HILLS HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

6801 MIDDLEBROOK PIKE
KNOXVILLE, TN 37919

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 15 2. Verified that 100% of the current medical records had been audited and reorganized to place the advance directives document (POST form) immediately inside the front cover of the record. 3. Conducted interviews with all nurses present in the facility to verify 100% had been inserviced and were oriented to the Code Arrest policy and procedure. All nurses knew where to find the resident's advance directives. 4. Interviewed the DON and the Staff Development Coordinator to verify the content of the Inservices and that 100% of staff had been inserviced on the Code Arrest policy and procedure. 5. Interviewed 100% of Certified Nursing Assistants (CNA) working and verified all had been inserviced and knew how to respond to a resident found without breath or pulse. 6. Interviewed the Medical Records Supervisor and confirmed 100% of records had been audited and the advance directives/POST form was correct and on the front of the record. Also confirmed the Medical Records Supervisor will continue to audit the records for three months to confirm compliance. 7. Interview with the Social Worker verified each resident's advance directives will be audited at least quarterly to ensure the document is accurate. Non-compliance continues at a "D" level for monitoring of corrective actions. The facility is	F 309	Development Coordinator on each shift monthly for the next three months and/or until 100% compliant. Results will be audited by the Director of Nursing and Staff Development Coordinator for compliance. Licensed Nurses, Certified Nursing Assistants, Dietary, housekeeping, maintenance, activities, social services, therapists, business office, Administrator, admissions, medical records and human resources will be inserviced on 6/4/12-6/6/12 by Lucinda R. Troyer, J.D., B.A.. on Compassionate and Person Centered Training Honoring Residents Life Choices and Advance Directives. Any staff unavailable due to Family Medical Leave Act or vacation will be inserviced via audio recording of Ms. Troyer's inservice prior to returning to work.	

JUN 07 2012

4. All POST forms & physician's orders will be audited for accuracy and completion upon admission by the Medical Records Supervisor and placed in the front of the chart in a plastic sleeve for 3 months and/or until 100% compliant.

Each resident's POST form will be audited at least quarterly per their Plan of Care schedule by the Social Worker for 3 months and/or until 100% compliant.

Audits will be conducted on each "Code Arrest" for compliance with the "Code Arrest" policy and procedure by the Director of Nursing or Assistant Director of Nursing for 3 months and/or until 100% compliant.

Audits will be completed on all new admissions and new physician's orders by the Director of Nursing or Nursing Supervisor for 3 months and/or until 100% compliant beginning 5/11/12.

All staff will be trained on our "Code Arrest" policy and procedure during their orientation, as needed and at least annually by the Director of Nursing or Staff Development Coordinator.

JUN 07 2012

The Director of Nursing or Assistant Director of Nursing will audit the code status to include the Plan of Care with every new admission, quarterly and with any change in physician's orders for 3 months and/or until 100% compliant.

Any identified issues or concerns will be reported to the Director of Nursing or Assistant Director of Nursing immediately for review. Results of all audits will be reported to the Quality Assurance Performance Improvement Committee for 3 months and/or until 100% compliance. The Quality Assurance Performance Improvement Committee is comprised of the Medical Director, Administrator, Director of Nursing, Medical Records Coordinator, Minimum Data Set Coordinator, Social Services, Activities, Dietary Manager, Environmental Services Supervisor, Maintenance Director, Business Office Manager, Admissions Director and Human Resources.

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2012
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

WEST HILLS HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

6801 MIDDLEBROOK PIKE
KNOXVILLE, TN 37919

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 16	F 309		
F 323	required to submit a plan of correction.			
SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	F 323		6/6/12
	<p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, Resident Incident Report review, and interview the facility failed to provide supervision and assistance to prevent the fall of one resident (#1) of twenty residents reviewed.</p> <p>The facility's failure to ensure adequate staff when changing the resident's bed resulted in the resident falling out of the bed and onto the floor, resulting in the resident requiring emergency transport to a hospital. The resident was admitted to the hospital and had surgical repair of a fractured left hip.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #1 was initially admitted to the facility on July 16, 2005 with diagnoses of Hypertension, Lumbago, Atherosclerotic Cardiovascular Disease, Neuralgia, Depression, Failure to Thrive, Delusions, Vascular Heart Disease, Panniculitis, Anxiety, and Osteoporosis.</p>		<ol style="list-style-type: none"> 1. Resident #1 no longer resides at facility as of 5/9/12. 2. The Director of Nursing and the Assistant Director of Nursing completed a 100% audit and update of all resident's functional bed mobility status on 5/18/12. <p>One hundred percent of resident's Minimum Data Sets were audited for functional status of bed mobility by the Minimum Data Set Nurse, Director of Nursing and Nurse Supervisor 5/18/12- 5/28/12.</p>	

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/18/2012
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

WEST HILLS HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

**6801 MIDDLEBROOK PIKE
KNOXVILLE, TN 37919**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 17 Review of the resident's Minimum Data Set (MDS) dated March 19, 2012, revealed the resident needed extensive assistance of two people for bed mobility (how resident moves to and from lying positions, turns side to side, and positions body while in bed). Review of Departmental Notes (computerized multi-disciplinary documentation) dated May 3, 2012, at 11:50 p.m. revealed, "...resident rolled out of bed ...". Review of a Resident Incident Report, dated May 4, 2012, revealed, "CNA (Certified Nursing Assistant) was cleaning resident and resident started reaching for something and rolled out of bed." Further review of the report revealed CNA #2's written statement, dated May 4, 2012, which stated, "...bed was wet so I went to change it...I had (the resident) rolled over in the center of the bed and (the resident) went to grab for something on the bedside...and rolled off the bed before I could grab/stop..." Review of hospital records revealed Resident #1 was admitted to the hospital on May 4, 2012, at 1:55 a.m., with diagnoses of Left Intertrochanteric/subtrochanteric hip fracture. Further review of the hospital record revealed the resident had surgical repair of the left hip on May 4, 2012. Medical record review revealed Resident #1's room-mate, on May 3, 2012, was Resident #2. Medical record review of Resident #2's MDS dated April 19, 2012, revealed the resident's	F 323	The Certified Nursing Assistants Care Guides and Resident's Plan of Care were audited and updated to ensure that they properly reflected resident's bed mobility status per the Minimum Data Set. The Minimum Data Set Nurse and Nursing Supervisor completed this audit on 5/28/12. Fall Risk Assessments were completed on 100% of all residents by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisors 5/18/12-5/29/12. 3. Licensed Nurses and Certified Nursing Assistant's were inserviced by the Director of Nursing and Assistant Director of Nursing and Staff	

JUN 07 2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445501	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/18/2012
NAME OF PROVIDER OR SUPPLIER WEST HILLS HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6801 MIDDLEBROOK PIKE KNOXVILLE, TN 37919		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 323	<p>Continued From page 18</p> <p>Brief Interview for Mental Status (BIMS) at 15 (highest cognitive functioning score, indicating the resident is alert and oriented).</p> <p>Interview with alert and oriented Resident #2, on May 15, 2012, at 9:30 a.m. in room 210, revealed Resident #2 witnessed Resident #1 falling from the bed on May 3, 2012. Resident #2 stated...observed CNA #2 changing Resident #1's bed. Resident #2 stated CNA #2 was on the left side (door side) of the bed, and had Resident #1 turned onto the resident's right side, positioned on the opposite side of the bed where CNA #2 was standing. Resident #2 stated CNA #2 was standing on the left side of the bed and was "jerking" the sheet out from under the resident when the resident rolled off the right side of the bed and onto the floor. Resident #2 stated she heard Resident #1 cry out, "help me, help me". Resident #2 stated the CNA went and got nurses to help.</p> <p>Interview with the Director of Nurses (DON), on May 16, 2012, at 5:00 p.m., in the DON's office, confirmed the facility failed to provide adequate staff for bed mobility for Resident #1, which resulted in a fall from the bed and a hip fracture which required surgical repair.</p>	F 323	<p>Development Coordinator on completing a bed change and bed mobility with residents requiring two staff members 5/18/12-5/28/12. The residents will be identified on the Certified Nursing Assistant's Care Guide and the Resident's Plan of Care. Any Certified Nursing Assistant that has not been inserviced due to vacation or Family Medical Leave Act will be inserviced prior to returning to work.</p> <p>Licensed Nurses were inserviced on completing the Fall Risk Assessment upon admission, after every fall and quarterly by the Assistant Director of Nursing and Staff Development Coordinator 6/4/12-6/6/12.</p> <p>4. The Director of Nursing, Assistant Director of Nursing or Nurse Managers will audit resident's</p>		

JUN 07 2012

functional status for bed mobility and incontinence care with all new admissions and any physician's order changes for bed mobility and incontinence care to ensure residents that require two staff members will be identified on the Certified Nursing Assistants Care Guide and resident's Plan of Care for 3 months and/or until 100% compliance.

An audit will be completed by the Director of Nursing or Assistant Director of Nursing on each admission, quarterly and after each fall for a Fall Risk Assessment for 3 months and/or until 100% compliance.

An audit will be completed by the Minimum Data Set Nurse on the functional status for bed mobility on each new admission and significant change for 3 months and/or until 100% compliance.

Any identified issues or concerns will be reviewed and results of all audits will be reported to the Quality Assurance Performance Improvement Committee for 3 months and/or until 100% compliance. The Quality Assurance Performance Improvement

JUN 07 2012

Committee is comprised of
the Medical Director,
Administrator, Director of
Nursing, Medical Records
Coordinator, Minimum
Data Set Coordinator, Social
Services, Activities, Dietary
Manager, Environmental
Services Supervisor,
Maintenance Director, Business
Office Manager, Admissions
Director and Human Resources.

JUN 07 2012